

New Jersey Department of Health and Senior Services

PUBLIC HEALTH PRIORITY FUNDING (PHPF)

Instructions for Completing the Application Form

General Instructions

For Local Health Departments: All applications shall include pages 1 through 6 (Narrative Section) and pages 1 through 3 (Activities/Cost Summary-Spreadsheet). Forms are required to be obtained from the Internet at <http://www.state.nj.us/health>, then click on Local Health.

For County Health Departments: All applications shall include page1 (cover page of the Narrative Section) and pages 1 through 3 (Activities/Cost Summary-Spreadsheet).

PLEASE NOTE: Electronic copies of your application are no longer required to be submitted.

The original signed copy of your application is to be mailed to the Division of Local Public Health Practice and Regional Systems Development. Please retain a copy for your records. Each line of the application requires a response. **PLEASE CHECK ALL ENTRIES CAREFULLY, INCLUDING MATHEMATICAL CALCULATIONS.** Incomplete or inaccurate applications will be returned for corrections, resulting in funding distribution delays.

Page 1, Cover Sheet

Line 1: Enter the name and address of the local health agency applying for funding.

Line 2: Enter the name, address and phone number of the responsible individual who can speak with fiscal authority to the contents of your application and will represent your agency on fiscal audits.

Line 3: Enter the name, title and phone number of the individual who has authority for the day-to-day operation of the funded activities, specifically the Health Officer who will be making decisions affecting those activities.

Line 4: Check (✓) each public health activity that will be supported by PHPF. **IMPORTANT! Refer to Schedule A which is included with the application for those activities currently eligible for funding.** **Note: Public Health Infrastructure Activities must be addressed in CY 2006.** A separate Activity Work Plan (page 6 of the application) is required for each activity identified.

Line 5a: Enter the total amount of PHPF for which your agency is eligible for the funded calendar year. This amount is included in the cover letter to the application.

Line 6: Read the Certification statement and enter the Health Officer's name. **The applicant must sign and date the application.** **APPLICATIONS NOT BEARING THE ORIGINAL SIGNATURE OF A HEALTH OFFICER WILL BE RETURNED.**

Page 2, Public Health Infrastructure Work Sheet (Part 1)

Line 7: Enter the name of the local health agency.

Line 8: Enter the date of the application.

Line 9a. Pertains to funding applied to the Public Health Emergency Notification System (NJ LINCS Health Alert Network) as mandated activities under “Public Health Infrastructure”. For each activity, check (✓) either that the activity will be funded by PHPF or is currently addressed and funded by other resources and answer each question. For funding sources other than PHPF, indicate the source of funding, the amount, and summarize your current activity.

Page 3, Public Health Infrastructure Work Sheet (Part 2)

Line 9b. Pertains to funding applied to Workforce Development as mandated activities under “Public Health Infrastructure”. For each activity, check (✓) either that the activity will be funded by PHPF or is currently addressed and funded by other resources and answer each question. For funding sources other than PHPF, indicate the source of funding, the amount, and summarize your current activity.

Page 4, Local Public Health Systems Development (Part 3)

Line 9c. Pertains to funding applied to Local Public Health Systems Development as mandated activities under “Public Health Infrastructure”. For each activity, check (✓) either that the activity will be funded by PHPF or is currently addressed and funded by other resources and answer each question. For funding sources other than PHPF, indicate the source of funding, the amount, and summarize your current activity.

Page 5, Childhood Lead Poisoning (Part 4)

Line 9d. Pertains to funding applied to Childhood Lead Poisoning as mandated activities under “Maternal and Child Health”. For each activity, check (✓) either that the activity will be funded by PHPF or is currently addressed and funded by other resources and answer each question. For funding sources other than PHPF, indicate the source of funding, the amount, and summarize your current activity.

Page 6, Activity Work Plan

Line 10: Enter the name of the local health agency.

Line 11: Enter the date of the application.

Line 12: Enter the name of the individual **activity**, e.g., Public Health Emergency Notification System (NJ LINCS Health Alert Network), Workforce Development, Health Promotion, etc. for which the Activity Work Plan is being submitted. **A SEPARATE ACTIVITY WORK PLAN IS REQUIRED FOR EACH ACTIVITY BEING FUNDED BY PHPF.**

Line 13: This section pertains to the public health services to be supported by PHPF, and their related objectives. Use this space to describe in detail the program services to be provided for the identified activity, the methods/services to be employed, and the outcomes being sought where appropriate. Information provided in this section should be entered in outline format. Each activity to be supported by PHPF should address a Healthy New Jersey 2010 objective(s), where applicable. The specific objective(s) are to be identified and stated in this section. **DO NOT INCLUDE ACTIVITIES NOT BEING FUNDED BY PHPF IN THIS OUTLINE.**

Line 14a: Enter the total PHPF dollars being allocated to the identified activity.

Line 14b: Enter any funds from other sources which are used to support the activity.

Line 14c: Enter the total funding provided from all sources (a + b) to support the activity.

Pages 1-3, Activities/Cost Summary-Spreadsheet

Line 15: Enter the name of the local health agency.

Line 16: Enter the calendar year period for the project.

Line 17: Enter the date of the application.

Line 18: Enter at the top of each column the names of the activities being funded by PHPF and for which an Activity Work Plan has been completed. Use a separate column for each activity name.
DO NOT INCLUDE ACTIVITIES NOT BEING FUNDED BY PHPF ON THIS APPLICATION.

Line 19A: Enter the names and titles of all local health agency employed personnel to be funded, in whole or in part, by PHPF. Enter under TOTAL FUNDS NEEDED the total amount of funds from all sources necessary to support each position listed. Enter under AMOUNT PHPF the amount of PHPF DOLLARS, ONLY requested to support each position for the appropriate Activity name, as indicated on Line 15, and for which they will be working. Add all AMOUNT PHPF entries for each line and enter this amount under TOTAL PHPF BUDGETED.

Line 19B: Enter all consultants to be contracted, in whole or in part, with PHPF. Enter the total contractual fee under TOTAL FUNDS NEEDED. Enter under AMOUNT PHPF the amount of PHPF DOLLARS, ONLY requested to support these contracts for the appropriate Activity name, as indicated on Line 15, and for which they will be providing services. Add all AMOUNT PHPF entries for each line and enter this amount under TOTAL PHPF BUDGETED.

Line 19C: Enter Other Costs, i.e. equipment and supplies (be specific) associated with the conduct of the identified activities and supported, in whole or in part, by PHPF. Enter the total cost of these items under TOTAL FUNDS NEEDED. Enter under AMOUNT PHPF the amount of PHPF DOLLARS, ONLY requested to support the purchase of each item under the appropriate Activity name, as indicated on Line 15. Add all AMOUNT PHPF entries for each line and enter this amount under TOTAL PHPF BUDGETED.

Line 20: Total all columns and enter the amount on this line as TOTAL COST. NOTE: The total of all figures in the TOTAL PHPF BUDGETED column must equal your TOTAL CALENDAR YEAR PHPF as shown on the cover letter to the application.

Additional Information

Should you need additional forms, please feel free to make copies of those provided. Forms are available on the Internet at <http://www.state.nj.us/health> (click on Local Health).

If you have questions regarding PHPF application submissions, please contact Darlene Huyler at phone: 609-292-4993, email: darlene.huyler@doh.state.nj.us, or fax: 609-292-4993 or 609-984-5627.

The application due date is December 31, 2005.

Please note: Applications are no longer being accepted by e-mail.

An original copy of the **complete** Application, bearing the signature of the Health Officer is required to be mailed to the attention of **Darlene Huyler** at the following address:

**New Jersey Department of Health and Senior Services
Division of Local Public Health Practice and Regional Systems Development Public Health
Priority Funding Project
PO Box 360
Trenton, NJ 08625-0360**